

show up, and we can't do business. So all 12 Democrats showed up. We wanted to vote. We actually took an informal vote, which passed 12 to 0, for essentially all six of them. There was one "no" on one of them. But Republicans didn't show up.

So, as I said, Americans every day get up, go to work, and do their jobs. They expect us to get up every day, go to work, and do our jobs. But Republicans are AWOL in the fight against inflation. If we are going to get serious about inflation, we need a Federal Reserve in place. We need all seven Fed Governors in place, ready to work, ready to debate and make decisions about monetary policy, about interest rates, about jobs, about attacking inflation.

Americans—in Boulder or Denver or Cleveland or Columbus, Americans don't want more political theatrics. They want solutions to bring down their costs. And Republicans, they have been great at coming to the floor and speaking against inflation. They have got their political stunts. But when it really came time to show up and do their job, they just simply didn't show up yesterday to do their jobs. All 12 Democrats were there ready to go. All 12 of us wanted to move forward on these 5 nominations for the Federal Reserve, and under Senate rules we simply couldn't act officially to get this done.

So I know that the ranking member—I understand he doesn't want to do this for whatever reasons. He doesn't like her position on climate change. He doesn't like it that she is going to—the one he is complaining most about, he doesn't like it that she is going to stand up to Wall Street and not roll over for Wall Street every time Wall Street, you know, rattles the Fed's chains. He knows that, and he probably doesn't like that, but he is hanging his hat on some issue that really makes very little sense.

Sarah Bloom Raskin, the person whom he is most complaining about, over a weekend, had 48 hours to answer more than 180 questions from Senator TOOMEY and his colleagues. She answered them all in 48 hours. Then, even outside of the Senate rules, more questions were sent to her. She answered those questions.

So it is really about the fact that far too many people here pay far too much attention to the oil company lobby, but that is really neither here nor there. Everyday Americans, as I say, get up, go to work, do their jobs. Senate Republicans must do theirs.

Pure and simple, Republicans are AWOL in the fight against inflation. We are not going to stop fighting for these nominees. The American people want us to vote. Some people vote yes, some no. I am fine with that. But the American people want us to do our jobs.

When you come here, there aren't three boxes: vote yes, vote no, or check a box that says: I don't want to come to work today; I am not going to vote.

No, they want us to vote. So we will keep fighting for these nominees.

I implore at least 1 Republican of the 12 on the committee to come to our next markup, our next vote, our next executive session so we can vote on these nominees. I want the Federal Reserve, for the first time in a decade, to all be there pulling in the same direction, fighting inflation for our country.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. MORAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE FOR BURN PIT VETERANS ACT

Mr. MORAN. Mr. President, I rise this afternoon here on the Senate floor to mark what will soon be the passage, in just a matter of moments, of a vital veterans bill and to thank my colleagues—both Republicans and Democrats—who came together to support the Health Care for Burn Pit Veterans Act. This is an important bill, and it will remove hurdles for post-9/11 Iraq and Afghanistan veterans, in particular, who were exposed to burn pits, so they can receive healthcare from the VA without delay.

This legislation is cosponsored by every single member of the Senate VA Committee, and I commend each of my Senate colleagues in their support for this legislation.

Supporting our veterans has a way of bringing us together, and I am so glad that is true. I am on the floor this afternoon with the Chairman of the Senate Committee on Veterans Affairs, and I appreciate how he and my Senate colleagues understand the urgency of this bill and are quickly moving to pass it by unanimous consent.

Post-9/11 veterans are the newest generation of American heroes to suffer from toxic exposure encountered during military service; and passing this legislation marks just a first step—a first step—of a phased approach to solving the complex challenges of caring for those veterans exposed to burn pits and other toxic exposures.

For way too long, we have heard from veterans who got sick after exposure to burn pits and need lifesaving care. There is a bipartisan consensus on our committee that this phased approach—delivering healthcare now and reforming the benefit system next—is the most effective pathway forward for toxic exposure veterans and all other veterans as well.

Servicemembers are willing to make the ultimate sacrifice for their country. We know that. We respect that. We honor that. We must match that level of commitment by crafting thoughtful and effective solutions to make certain

we hold up our end of the bargain and continuously work toward the best outcomes for those who served and sacrificed.

I once joined a roundtable in Wichita, KS, with local members of the Vietnam Veterans of America and was moved by their stories—not only of their own health consequences from Agent Orange but their concerns of how their exposure was affecting the health of their children and grandchildren. From that veteran feedback, I introduced the Toxic Exposure Research Act with Senator BLUMENTHAL, which was signed into law in 2016.

I have since heard from many veterans in Kansas and across the country who are sick and dying from the effects of toxic exposure caused by burn pits. Addressing the needs of veterans exposed to burn pits cannot wait. This legislation could be lifesaving for those exposed or suffering. When our men and women in uniform go into harm's way on our behalf, we owe it to them to take care of them when they come home for whatever injuries are incurred during their service. This is not a question of resources; this is a question of getting reform done the right way.

The Senate soon will act to pass this bill, moving us closer to completing phase 1 of this approach to provide timely, sustainable care to our veterans. I will continue to work with veterans, advocates in the VA, and, importantly, my colleagues on the Senate Committee on Veterans' Affairs and its chairman, Senator TESTER, of Montana, to make sure we are crafting legislative solutions that are veteran-centric.

I call upon my colleagues in the House to quickly take action and act on this bill and act on our promise as a nation so post-9/11 veterans who are suffering from toxic exposures can get the care they need.

I thank my colleagues on the committee, Chairman TESTER, and our respective staffs for working to craft this feasible path forward. And I want to thank many veteran organizations that have expressed their support for this legislation, including the Disabled Veterans of America, Veterans of Foreign Wars, the Wounded Warrior Project, Iraq and American Veterans of America, the American Legion, Military Officers Association of America, and Military-Veterans Advocacy.

I am confident that if we continue to work together with the VA and with veterans' groups, we will keep the needs of veterans foremost in our minds and that we can deliver meaningful reforms for the current generation of veterans and for all those who come thereafter.

I yield the floor to the Senator from Montana.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. Mr. President, I want to thank my friend, the Senator from Kansas, Senator MORAN, the ranking

member of the Veterans' Affairs Committee.

When we started this Congress, the No. 1 issue that was put forth by the veterans service organizations representing the veterans in this country was toxic exposure. It was incumbent that the Veterans' Affairs Committee do something about toxic exposure. We created the bill called the COST of War.

We are at a point now where we are going to try to implement that bill in phases. The phase we are working on today has six major components to it. No. 1, it expands the screening period of healthcare eligibility for combat veterans who served after September 11, 2001, from 5 years to 10. No. 2, it provides an open enrollment period for any post-9/11 combat veteran who is more than 10 years from separation. No. 3, after we do the first two things, it tells the VA to have an outreach plan to contact veterans who did not enroll during their initial period of enhanced eligibility so that they can sign up for the potential benefits. It directs the VA to incorporate a clinical screening regarding a veteran's potential exposures and symptoms commonly associated with toxic substances. The fifth thing it does is it mandates toxic exposure early education and training for healthcare and benefits personnel who work at the VA. And, finally, it strengthens Federal research on toxic exposure.

This is a big bill; it is an important bill; and it does right by our veterans in this country. Toxic exposure is not something that is new. We have dealt with it since World War I, World War II, Agent Orange, and the Vietnam war, and, right now, toxic exposure due to burn pits.

When we get done with this process, it is not going to take an act of Congress to get the benefits they need to get moving into the future. This is a giant step forward in that regard.

So I want to thank both the minority and majority staffs, the Senator from Kansas, who has been an incredible help to be able to work together to get this to the point where it is today.

Mr. President, as if in legislative session, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 263, S. 3541.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 3541) to improve health care and services for veterans exposed to toxic substances, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. TESTER. I ask unanimous consent that the bill be considered read a third time.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. TESTER. I know of no further debate on the bill.

The PRESIDING OFFICER. If there is no further debate on the bill, the bill having been read the third time, the question is, Shall the bill pass?

The bill (S. 3541) was passed as follows:

S. 3541

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Care for Burn Pit Veterans Act".

SEC. 2. EXPANSION OF ELIGIBILITY FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS FOR CERTAIN VETERANS EXPOSED TO TOXIC SUBSTANCES.

(a) IN GENERAL.—Section 1710(e)(3) of title 38, United States Code, is amended—

(1) in subparagraph (A)—

(A) by striking "January 27, 2003" and inserting "September 11, 2001"; and

(B) by striking "five-year period" and inserting "ten-year period";

(2) by amending subparagraph (B) to read as follows:

"(B) With respect to a veteran described in paragraph (1)(D) who was discharged or released from the active military, naval, air, or space service after September 11, 2001, and before October 1, 2013, but did not enroll to receive such hospital care, medical services, or nursing home care under such paragraph pursuant to subparagraph (A) before October 1, 2022, the one-year period beginning on October 1, 2022."; and

(3) by striking subparagraph (C).

(b) CLARIFICATION OF COVERAGE.—Section 1710(e)(1)(D) of such title is amended by inserting after "Persian Gulf War" the following: "(to include any veteran who, in connection with service during such period, received the Armed Forces Expeditionary Medal, Service Specific Expeditionary Medal, Combat Era Specific Expeditionary Medal, Campaign Specific Medal, or any other combat theater award established by a Federal statute or an Executive Order)".

(c) REPORT.—Not later than October 1, 2024, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on—

(1) the number of veterans who enrolled in the system of annual patient enrollment of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code, to receive care pursuant to eligibility under subparagraph (B) of section 1710(e)(3) of such title, as amended by subsection (a)(2); and

(2) of the veterans described in paragraph (1), the number of such veterans who reported a health concern related to exposure to a toxic substance or radiation.

(d) OUTREACH PLAN.—Not later than December 1, 2022, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan to conduct outreach to veterans described in subparagraph (B) of section 1710(e)(3) of title 38, United States Code, as amended by subsection (a)(2), to notify such veterans of their eligibility for hospital care, medical services, or nursing home care under such subparagraph.

(e) EFFECTIVE DATE.—This section and the amendments made by this section shall take effect on October 1, 2022.

SEC. 3. INCORPORATION OF TOXIC EXPOSURE SCREENING FOR VETERANS.

(a) IN GENERAL.—Beginning not later than 90 days after the date of the enactment of

this Act, the Secretary of Veterans Affairs shall incorporate a screening to help determine potential exposures to toxic substances during active military, naval, air, or space service as part of a health care screening furnished by the Department of Veterans Affairs to veterans enrolled in the system of annual patient enrollment of the Department established and operated under section 1705 of title 38, United States Code, to improve understanding by the Department of exposures of veterans to toxic substances while serving in the Armed Forces.

(b) TIMING.—The Secretary shall ensure that a veteran described in subsection (a) completes the screening required under such subsection not less frequently than once every five years.

(c) DETERMINATION OF QUESTIONS.—

(1) IN GENERAL.—The questions included in the screening required under subsection (a) shall be determined by the Secretary with input from medical professionals.

(2) SPECIFIC QUESTIONS.—At a minimum, the screening required under subsection (a) shall, with respect to a veteran, include—

(A) a question about the potential exposure of the veteran to an open burn pit; and

(B) a question regarding exposures that are commonly associated with service in the Armed Forces.

(3) OPEN BURN PIT DEFINED.—In this subsection, the term "open burn pit" means an area of land that—

(A) is designated by the Secretary of Defense to be used for disposing solid waste by burning in the outdoor air; and

(B) does not contain a commercially manufactured incinerator or other equipment specifically designed and manufactured for the burning of solid waste.

(d) PRINT MATERIAL.—In developing the screening established under subsection (a), the Secretary shall ensure that print materials complementary to such screening that outline related resources for veterans are available at each medical center of the Department to veterans who may not have access to the internet.

(e) SCREENING UPDATES.—The Secretary shall consider updates to the content of the screening required under subsection (a) not less frequently than biennially to ensure the screening contains the most current information.

(f) ACTIVE MILITARY, NAVAL, AIR, OR SPACE SERVICE DEFINED.—In this section, the term "active military, naval, air, or space service" has the meaning given that term in section 101(24) of title 38, United States Code.

SEC. 4. TRAINING FOR PERSONNEL OF THE DEPARTMENT OF VETERANS AFFAIRS WITH RESPECT TO VETERANS EXPOSED TO TOXIC SUBSTANCES.

(a) HEALTH CARE PERSONNEL.—The Secretary of Veterans Affairs shall provide to health care personnel of the Department of Veterans Affairs education and training to identify, treat, and assess the impact on veterans of illnesses related to exposure to toxic substances and inform such personnel of how to ask for additional information from veterans regarding different exposures.

(b) BENEFITS PERSONNEL.—

(1) IN GENERAL.—The Secretary shall incorporate a training program for processors of claims under the laws administered by the Secretary who review claims for disability benefits relating to service-connected disabilities based on exposure to toxic substances.

(2) ANNUAL TRAINING.—Training provided to processors under paragraph (1) shall be provided not less frequently than annually.

SEC. 5. ANALYSIS AND REPORT ON TREATMENT OF VETERANS FOR MEDICAL CONDITIONS RELATED TO TOXIC EXPOSURE.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall analyze, on a continuous basis, all clinical data that—

(1) is obtained by the Department of Veterans Affairs in connection with hospital care, medical services, and nursing home care furnished under section 1710(a)(2)(F) of title 38, United States Code; and

(2) is likely to be scientifically useful in determining the association, if any, between the medical condition of a veteran and the exposure of the veteran to a toxic substance.

(b) ANNUAL REPORT.—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing—

(1) the aggregate data compiled under subsection (a);

(2) an analysis of such data;

(3) a description of the types and incidences of medical conditions identified by the Department under such subsection;

(4) the explanation of the Secretary for the incidence of such medical conditions and other explanations for the incidence of such conditions as the Secretary considers reasonable; and

(5) the views of the Secretary on the scientific validity of drawing conclusions from the incidence of such medical conditions, as evidenced by the data compiled under subsection (a), regarding any association between such conditions and exposure to a toxic substance.

SEC. 6. ANALYSIS RELATING TO MORTALITY OF VETERANS WHO SERVED IN SOUTH-WEST ASIA.

(a) ANALYSIS.—

(1) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in coordination with the Secretary of Defense, shall conduct an updated analysis of total and respiratory disease mortality in covered veterans.

(2) ELEMENTS.—The analysis required by paragraph (1) shall include, to the extent practicable, the following with respect to each covered veteran:

(A) Metrics of airborne exposures.

(B) The location and timing of deployments of the veteran.

(C) The military occupational specialty of the veteran.

(D) The Armed Force in which the veteran served.

(E) Pre-existing health status of the veteran, including with respect to asthma.

(F) Relevant personal information of the veteran, including cigarette and e-cigarette smoking history, diet, sex, gender, age, race, and ethnicity.

(b) COVERED VETERAN DEFINED.—In this section, the term “covered veteran” means any veteran who—

(1) on or after August 2, 1990, served on active duty in—

(A) Bahrain;

(B) Iraq;

(C) Kuwait;

(D) Oman;

(E) Qatar;

(F) Saudi Arabia;

(G) Somalia; or

(H) the United Arab Emirates; or

(2) on or after September 11, 2001, served on active duty in—

(A) Afghanistan;

(B) Djibouti;

(C) Egypt;

(D) Jordan;

(E) Lebanon;

(F) Syria; or

(G) Yemen.

SEC. 7. STUDY ON HEALTH TRENDS OF POST 9/11 VETERANS.

The Secretary of Veterans Affairs shall conduct an epidemiological study on the health trends of veterans who served in the Armed Forces after September 11, 2001.

SEC. 8. STUDY ON CANCER RATES AMONG VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a study on the incidence of cancer in veterans to determine trends in the rates of the incidence of cancer in veterans.

(b) ELEMENTS.—The study required by subsection (a) shall assess, with respect to each veteran included in the study, the following:

(1) The age of the veteran.

(2) The period of service and length of service of the veteran in the Armed Forces.

(3) The military occupational specialty or specialties of the veteran.

(4) The gender of the veteran.

(5) The type or types of cancer that the veteran has.

SEC. 9. PUBLICATION OF LIST OF RESOURCES OF DEPARTMENT OF VETERANS AFFAIRS FOR VETERANS EXPOSED TO TOXIC SUBSTANCES AND OUTREACH PROGRAM FOR SUCH VETERANS AND CAREGIVERS AND SURVIVORS OF SUCH VETERANS.

(a) PUBLICATION OF LIST OF RESOURCES.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs shall publish a list of resources of the Department of Veterans Affairs for—

(A) veterans who were exposed to toxic substances;

(B) families and caregivers of such veterans; and

(C) survivors of such veterans who are receiving death benefits under the laws administered by the Secretary.

(2) UPDATE.—The Secretary shall periodically update the list published under paragraph (1).

(b) OUTREACH.—The Secretary shall develop, with input from the community, an informative outreach program for veterans on illnesses that may be related to exposure to toxic substances, including outreach with respect to benefits and support programs.

SEC. 10. REPORT ON INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.

(a) IN GENERAL.—Not later than one year after the date on which the Individual Longitudinal Exposure Record achieves full operational capability, the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on the data quality of the Individual Longitudinal Exposure Record and the usefulness of the Individual Longitudinal Exposure Record in supporting veterans in receiving health care and benefits from the Department of Veterans Affairs.

(b) ELEMENTS.—The report required by subsection (a) shall include the following:

(1) An identification of exposures to toxic substances that may not be fully captured by the current systems for environmental and occupational health monitoring and recommendations for how to improve those systems.

(2) An analysis of the quality of the location data in determining exposures of veterans to toxic substances and recommendations for how to improve the quality of that location data.

(3) Recommendations on how to improve the usefulness of the Individual Longitudinal Exposure Record.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—The term “appropriate committees of Congress” means—

(A) the Committee on Armed Services and the Committee on Veterans' Affairs of the Senate; and

(B) the Committee on Armed Services and the Committee on Veterans' Affairs of the House of Representatives.

(2) INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.—The term “Individual Longitudinal Exposure Record” includes any pilot program or other program used by the Department of Veterans Affairs or the Department of Defense to track how members of the Armed Forces or veterans have been exposed to various occupational or environmental hazards.

Mr. TESTER. I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. TESTER. I yield the floor.

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Vermont.

ISSUES FACING AMERICA

Mr. SANDERS. Mr. President, it is important, I think, that we acknowledge a very simple truth that few people can disagree with and that is we are living at this moment in the most difficult time of our lives.

I say to the American people, if you are feeling anxious, feeling depressed, if you are feeling overwhelmed, if you are feeling confused, if you are feeling angry, you are not alone. Many millions of Americans feel exactly the same way.

This pandemic has had a devastating and horrific impact upon our country. Over 900,000 people have died from COVID and tens of millions have been made ill. Many thousands of workers have lost their jobs simply because they went about doing their jobs. They had to go to work. They were critical workers and many thousands died as a result.

In the midst of the pandemic, in an unprecedented way, millions of other workers have chosen to find new employment paths. They have given up their old jobs.

But it is not just working people who have been impacted; it has been a terrible time for the young people of our country. The education of our younger generation, from childcare to graduate school, has been severely disrupted in a way that we have never seen in the modern history of this country.

But, again, it is not just for workers or the children; it is for elderly people. You have senior citizens in this country who have died at alarmingly high rates, but in addition to that, they have been isolated over the last several years because of fear of catching the virus, which means that they can't come in contact with their kids or their grandchildren. They can't get out of the house, and they are hurting as a result.